

United States Probation Office  
Northern District of Florida

**APPLICATION FOR INTERNSHIP**

Complete the application for internship as completely and accurately as possible and submit any requested documentation. In at least 200 words, describe why you would like to complete an internship with the United States Probation Office. Please type this document and attach it to this application.

The U.S. Probation Office will corroborate the applicant's socio-economic history with family members or significant others.

NAME:

LAST	FIRST	MIDDLE

ALIAS OR NICKNAME:

LAST	FIRST	MIDDLE

MAIDEN:

LAST	FIRST	MIDDLE

DATE OF BIRTH	SSN	HEIGHT	WEIGHT	HAIR	EYES

PLACE OF BIRTH:

COUNTRY	STATE	CITY

DRIVER LICENSE NUMBER:

STATE	NUMBER

TATTOO'S:

LOCATION	DESCRIPTION

SCARS:

LOCATION	DESCRIPTION

JUVENILE RECORD:

DATE OF ARREST	STATE	COUNTY	CASE NUMBER	OFFENSE	SENTENCE

ADULT RECORD:

DATE OF ARREST	STATE	COUNTY	CASE NUMBER	OFFENSE	SENTENCE

HIGH SCHOOL:

DATE OF GRADUATION	
NAME OF SCHOOL	
ADDRESS	

WERE YOU EVER SUSPENDED FROM SCHOOL? (CIRCLE ONE) YES / NO  
IF YES, PLEASE EXPLAIN WHY.

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COLLEGE DEGREE'S:

DEGREE EARNED:	
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DATE OF GRADUATION	
NAME OF SCHOOL	
ADDRESS	

SPECIAL TRAINING OR VOCATIONAL SKILLS:

TRAINING	CERTIFICATION	DATE	SCHOOL	LOCATION

CURRENT EMPLOYMENT:

DATE EMPLOYED	COMPANY	ADDRESS	PHONE	OCCUPATION

PRIOR EMPLOYMENT:

DATES OF EMPLOYMENT	COMPANY	ADDRESS	OCCUPATION	REASON FOR LEAVING

LIST BIOLOGICAL, ADOPTED, AND STEP-PARENTS:

RELATION	NAME	AGE	ADDRESS	PHONE	OCCUPATION

LIST BROTHERS AND SISTERS:

RELATION	NAME	AGE	ADDRESS	PHONE	OCCUPATION

LIST STEP BROTHERS AND SISTERS:

RELATION	NAME	AGE	ADDRESS	PHONE	OCCUPATION

CURRENT MARRIAGE:

SPOUSE'S MAIDEN NAME	AGE	ADDRESS

INFORMATION:

DATE	STATE	COUNTY	CITY

PRIOR MARRIAGES:

SPOUSE'S MAIDEN NAME	AGE	ADDRESS

	DATE	STATE	COUNTY	CITY
MARRIAGE				
DIVORCE				
WIDOWED				

CHILDREN:

CHILD'S NAME	AGE	ADDRESS	MOTHER'S NAME

DRUG AND ALCOHOL HISTORY:

SUBSTANCE	# OF TIMES USED	DATE USED LAST	N/A IF NEVER USED
BEER			
WINE			
LIQUOR			
MARIJUANA			
COCAINE			
HEROIN			
METHAMPHETAMINE			
OPIUM			

LSD			
OTHER			

MENTAL HEALTH AND DRUG/ALCOHOL TREATMENT HISTORY:

NAME OF TREATMENT PROVIDER	
ADDRESS	
PHONE	
TYPE OF TREATMENT RECEIVED	

RESIDENTIAL HISTORY:

FROM	TO	ADDRESS	CITY	COUNTY	STATE

MILITARY RECORD:

BRANCH	
DATES OF DUTY	
SERIAL NUMBER	
DISCIPLINARY ACTIONS	
TYPE OF DISCHARGE	

NEXT OF KIN OR SIGNIFICANT OTHER:

NAME	AGE	ADDRESS	CITY	STATE	PHONE

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date